



## Employers: How the Workforce Can Foster a Recovery Environment

Substance use disorders can affect anyone—from a mechanic, to a teacher, to a high-powered attorney. The workforce is one of the largest groups affected by this problem. In 2006, 61.5 percent of adults aged 18 or older with a substance use disorder also were employed full time—translating into nearly 13 million people.<sup>1</sup> Every person with an alcohol and/or drug dependence has a unique story to share.

To educate people about this reality, the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment is urging people in the workplace—from entry-level to executive—to speak up about their experiences with substance use disorders. This effort is part of the 19<sup>th</sup> annual **National Alcohol and Drug Addiction Recovery Month (Recovery Month)**. To help start the conversation, and to coincide with this year's theme, **"Join the Voices for Recovery: Real People, Real Recovery,"** we are highlighting individual stories of addiction and long-term recovery.

The following story is told by David Taylor, senior partner in a Washington, D.C., law firm and the chair of the D.C. Bar Lawyer Assistance Program. David is in long-term recovery for an alcohol dependence and has made it his mission to spread the word about addiction and recovery in the workplace.

### Late onset alcoholism...



**David Taylor**

"As the chair of the D.C. Bar Lawyer Assistance Program, I reach out to a number of law firms, courts, and law schools to catch this disease of addiction as early as possible in the workplace and get people who are afflicted the help they need and into long-term recovery. However, it took me quite some time to get to my own long-term recovery. I was successful in law from the beginning, clerking on the D.C. Circuit and making partner in a law firm before I was 30, but I was an active alcoholic for 21 years. I have been dancing around recovery for 16 years, but have been consistently sober for 8 years.

"My story is atypical. At my support group meetings I have heard many people say that they fell in love with booze at a very early age—high school or college. I wasn't like that. I didn't start drinking until after I got out of law school. Sure, I had the occasional drink, such as champagne at a wedding, but I grew up in a household where no alcohol was consumed. I was in sports in high school and college and, in those days (the late 1950s through early 1960s), alcohol and sports didn't mix.

"After I graduated from Georgetown Law School and clerked on the D.C. Circuit, I started working at a law firm in 1970, the height of the 'two-martini lunch.' We would wine and dine clients; the partners and associates at my law firm would often meet after work for a few drinks. I didn't really understand anything about the disease of alcoholism, but I knew that I could drink more than anyone and not show the effects. I had no idea that this was a bad sign; I thought it was a good sign that I could more than keep up with my colleagues.

"Gradually, however, the progressive disease of addiction caught up with me and my drinking became a real problem. Colleagues started talking about exactly how much alcohol I was consuming. Of course I was in denial, so I ignored the chatter. Unfortunately, my employer didn't, and I ended up getting fired as a direct result of my drinking.



## TARGETED OUTREACH

There was no intervention, just a pink slip. That was followed by a divorce, which was then followed by a bankruptcy and two separate convictions for drunk driving.

“My life was in a shambles, and, when I finally admitted to myself that I had a problem and decided that I needed to stop drinking, I realized that—horror of horrors—I couldn’t. I continued to stall getting help. I was practicing international commercial and foreign trade law at the time and joined a firm in Paris where no one knew about my drinking. My secret life didn’t last too long; I lost that job, too. I came back to Washington, D.C., in 1991 without a job, home, or family.”

David embodies the fact that a person with a substance use disorder can go from the highest of highs to the lowest of lows. Specifically, a substance use disorder means that a person is dependent on or abuses alcohol and/or drugs, including the nonmedical use of prescription drugs.<sup>2</sup> Alcohol was David’s substance of choice and it remains one for many today. In 2006, of the 22.6 million people aged 12 or older (9.2 percent of the population) who were suffering from a substance use disorder, 15.6 million were dependent on or abused alcohol, but not illicit drugs.<sup>3</sup>

Workplaces recognize the scope of this problem, particularly within their walls. More than two-thirds of human resources (HR) professionals believe that addiction is one of the most serious issues they face in their company, and they see the consequences. Absenteeism, reduced productivity, and a lack of trust are all serious side effects of alcohol and drug addiction, affecting companies all across the country.<sup>4</sup>

Peer pressure may seem like something only teenagers face, but David worked in a culture of drinking, and many others have to address similar pressures. Studies of male-dominated occupations have described heavy drinking cultures in which workers use drinking to build solidarity and show conformity to the group. Some male-dominated occupations, such as law in the 1970s, therefore tend to have high rates of heavy drinking and alcohol-related problems.<sup>5</sup>

### Assistance...

“Fortunately, I did not get into any trouble with the Bar Association or have any negative letters or complaints from my clients. I always zealously protected my law license. Since I still received the Bar magazine, even while in Paris, I was fortunate enough to see an advertisement for the Lawyer’s Counseling Program (which recently changed its name to the Lawyer Assistance Program, the group I currently chair). When I made my way back to Washington, I called the director and told her that I might have a drinking problem. I didn’t have a job or insurance at the time, which made it difficult to get into an in-patient program. The director referred me to outpatient treatment, and I kept sober for about 5 months. Eventually, however, I had a drink.

“I had made a contract with my support group and my counselor that if I drank again, even if it was just once, I would find a way to get to an in-patient treatment facility. Luckily by that time, the Lawyer Assistance Program had developed a fund to help get people in need to an in-patient center. They provided me with a loan that I was to pay back over time, and because of that, I was able to get into a 28-day treatment program. Immediately thereafter, I lived at an Oxford House—an organization of 1,200 democratically run, self-supporting, substance-free houses. I had owned several very large homes and had been what I thought was a big-shot lawyer. To live with so many others was an extremely challenging, humbling experience that was helpful to my recovery. I went to meetings every day, worked the program, and slowly got better.”

Different options exist for people looking for treatment for a substance use disorder. In 2006, 4 million people received some form of treatment in the past year, ranging from residential and outpatient programs to self-help groups.<sup>6</sup> In places like Oxford House, the success rate in helping people achieve sobriety ranges from 65 to 87 percent.<sup>7</sup>

Some may be ashamed to enter treatment out of concern that their employers might have a negative perception about addiction; however, many companies are supportive of treatment. An overwhelming majority of HR professionals (92 percent) agree that an effective treatment program increases employee productivity.<sup>8</sup> Workplaces can adopt the following initiatives to improve their support of people with substance use disorders.

### Employee assistance programs

Employee assistance programs (EAPs), such as the one David was referred to and eventually found solace from, can provide confidential problem identification, short-term counseling, and even referral to an appropriate treatment program.<sup>9</sup>

According to a SAMHSA study, nearly 70 million people (or more than 58 percent of the nearly 115 million full-time workers) reported that their employer offered an EAP.<sup>10</sup> Approximately four to six percent of employees will contact an EAP on their own every year; many EAPs also offer services to dependent family members.<sup>11</sup> When companies implement EAPs, they can see less absenteeism, fewer accidents, decreased use of medical and insurance benefits, savings in workers' compensation claims, and fewer grievances and arbitrations across the board.<sup>12</sup>

### Drug-free workplaces

Drug-free workplaces are free of the health, safety, and productivity hazards caused by employees' misuse of alcohol and/or drugs. Many employers develop programs to offer a better work environment for their staff members.<sup>13</sup> A drug-free workplace typically includes five components:

- **Drug-free workplace policy** – This is the backbone of a drug-free workplace program and often where the company's position and rules concerning alcohol and drug use are written.
- **Supervisor training** – As part of a program, an organization typically trains those who supervise others about the drug-free program and their role in its implementation.
- **Employee education** – Targeting all employees, education includes walking through the drug-free workplace policy, describing the impact addiction has on the workplace, and teaching the signs and symptoms to watch for.
- **Employee assistance programs** – As mentioned above, an EAP is a confidential work-focused initiative designed to assist people with substance use disorders.
- **Drug testing** – Some workplaces may feel it is necessary to drug test employees to ensure that the workplace policy is followed.<sup>14, 15</sup>



## TARGETED OUTREACH

Certain federal and state laws may affect how drug-free workplace programs—particularly those including drug testing—are administered. For more information about these laws, please visit the U.S. Department of Labor’s Working Partners for an Alcohol- and Drug-Free Workplace on the Web at [www.dol.gov/workingpartners](http://www.dol.gov/workingpartners). SAMHSA’s workplace resource center can be found at [www.workplace.samhsa.gov](http://www.workplace.samhsa.gov).

### My medical illness...

“The general public and the workforce, along with people who suffer from a problem with alcohol or drugs themselves, need to realize that alcohol or drug dependence is a disease. Just as a diabetic is responsible for injecting insulin, we need to manage our chronic illness and take responsibility for our recovery. Moreover, we’re responsible for sustaining our recovery by checking in, going to support groups, and using the tools we are given. Finally, we have a duty to share our story. What helps me more than anything is speaking with and helping others who are suffering from addiction.

“Being vocal about addiction is important because there are literally millions of Americans in recovery today and hardly anyone knows it. Many, many people with alcohol or drug addiction go into treatment programs and recovery, get better, and literally fade into the woodwork. People still have a mistaken view of addiction as a moral or willpower issue; they think that it only happens to people who bring it on themselves, and are of a certain financial or social background. That’s just not true; it is a disease that knows no boundaries and it affects people of all races, religions, genders, and socio-economic groups. It’s important for people in recovery to express themselves to discount any myths that hide the reality of dependence. It is everywhere, it is a disease, and it is highly treatable if the individual will seek help from others who have been there and know what it’s like.

“Recovery becomes a way of life and brings with it a constant analysis of oneself and one’s attitudes and relationships with others. As I was getting my life together during my recovery, I was fortunate that my program consisted of lawyers helping other lawyers. I got a job at a law firm and have continued to work in firms where at least one or two of the other lawyers were in recovery. This offered an excellent peer support opportunity to help me sustain my recovery.

“Surrounding myself with a recovery environment also seeped into my home life. I always said that if I got remarried, it would be to someone who is in recovery or works in the recovery community. My foresight came true and I ended up marrying someone who is the president and CEO of a nonprofit that runs treatment programs and who is extremely supportive of my recovery.”

David personifies that anyone can be afflicted with addiction. In fact, it has been proven that substance use disorders can affect people regardless of their age, race, gender, ethnicity, class, employment status, or community.<sup>16</sup> Addiction is actually a medical condition that can be effectively treated, just as numerous other illnesses are treatable.<sup>17,18</sup> Treatment for drug use disorders is just as effective as treatment for other chronic conditions, such as high blood pressure, asthma, and diabetes.<sup>19</sup>

David also found that there is a misconception over the origins of alcohol and/or drug dependence. The causes of substance abuse are multifaceted, involving psychological, environmental, biological, and cultural factors.<sup>20</sup> The stigma about the causes of substance use disorders can restrict people's access to treatment. More than half of HR professionals believe that getting employees to acknowledge or talk about the issue is their toughest challenge in helping employees get into treatment.<sup>21</sup> People with substance use disorders also are aware of this: 13.3 percent of people who were aware they had a problem and needed treatment for a substance use disorder, but did not receive it at a specialty facility, said they were concerned about a possible negative effect on their job.<sup>22</sup>

The good news is that employees can seek treatment without interfering with their ability to perform their jobs. Intensive outpatient programs are effective and allow people to continue to work, while seeking treatment.<sup>23</sup> Effective treatment takes into account individual factors, such as a person's cultural background, other health conditions, family and work responsibilities, and the specific substances that have been abused.<sup>24</sup>

## Relapse...

"I was what I now call 'dry, but not sober' for 5 years, but I developed a serious fear of relapse. I knew that I wasn't growing spiritually and keeping up with the maintenance needed for my recovery. I was picking and choosing what aspects of my program I would abide by and not seeing things in the big picture. My recovery and relapses have been very much tied into being a lawyer in that sort of work environment. I was told in my first treatment facility, Suburban Hospital, that lawyers, the clergy, doctors, and college professors have a hard time grasping what may be needed to recover from alcoholism or other substance dependence diseases. I was told this was because they are 'overeducated' and tend to intellectualize and rationalize everything. I refused to believe that I couldn't quit on my own. Intellectualizing, I learned, was detrimental to my recovery.

"As time went on, I checked into a relapse prevention program in suburban Washington, D.C., to try to truly sustain my sobriety. I didn't get it at first, and relapsed. It was precisely as I feared: I wasn't growing spiritually, an aspect that would be necessary for me to fully commit to sobriety. Luckily, I eventually got back into a rehabilitation center and started my long, and so far successful, road to recovery. There I learned that I had not yet adopted a recovery lifestyle. Sure, I had been going to meetings, but I would hang up my life on the doorknob when I went to a support meeting and would pick it back up when I left. I wasn't living the program fully."

Long-term recovery is attainable when a long-lasting commitment is made. Relapse is still possible, but does not mean that treatment does not work or the person is not making an effort.<sup>25</sup> David relapsed near the beginning of his recovery and again many years later. Employers should be aware of the signs and symptoms of relapse and know that recovery can be a long-term process requiring multiple episodes of treatment.<sup>26</sup> Signs to watch for include:

- **Complacency** when life begins to improve. People in long-term recovery may believe that they no longer need to focus on their recovery efforts; they may be convinced they will never begin using again.
- **Lack of self-care** as the person becomes exhausted and develops or returns to irregular eating or poor general health habits.



## TARGETED OUTREACH

- **Increasing or return to denial.** People in long-term recovery may start rationalizing, justifying, minimizing, or generalizing addictive thinking and behavior.
- **Isolation** and attempting to solve problems on their own; they may not share what is going on with others.
- **Setting unrealistic goals** or wanting too much progress too quickly.
- **Discounting or discontinuing a recovery program**, such as neglecting to attend 12-step meetings or counseling sessions.<sup>27</sup>

### Attaining success...

"I had always considered myself a smart guy and I was successful. I didn't need to ask for advice or help; I assumed I had all the answers. I've heard at support group meetings that, 'We enter into a 12-step program a big shot and work our way up to servant.' Recovery is about learning to care enough about yourself to get better, listening to other people, communication, knowing when to ask for help, and offering help to others. Addiction stunts your emotional and spiritual growth. The good news is that everyone with this disease can get better with the right tools and that help is out there.

"I have spoken with many employers who say that—all other things being equal—they actually would rather hire someone in recovery because they know that we have a certain way of living that makes us better employees. We have gained a certain amount of humility and responsibility, and are mindful of taking care of ourselves and others around us, and are gracious. There is still more work to be done, though, and I hope there continues to be more knowledge and understanding in the workplace, and in society, about this disease."

David's experience with employers that are supportive of people in long-term recovery is quite accurate. A majority of HR professionals report that they would be just as or more likely to hire a candidate in an executive position who was in recovery from a substance use disorder as they would for someone who is not in recovery.<sup>28</sup>

While hiring people in recovery is a start to make the realities of addiction, treatment, and recovery better known in the workplace, there is much more employers can do to help. This September and beyond, employers and workers can join the millions nationwide who celebrate **Recovery Month**. Start by:

1. **Educating your employees.** Education can work wonders to help your employees who are suffering from addiction. Discuss the treatment options that are available, communicate the options your company offers for people seeking help, and teach colleagues the signs and symptoms of substance use disorders.
2. **Changing the company's culture.** Offering alcohol-free events and establishing a drug-free workplace policy can make people in long-term recovery at your company feel more at home and confident that you are committed to promoting a safe recovery environment.

3. **Sponsoring local activities.** Many nonprofits hold events during ***Recovery Month***, including walk/runs and health fairs. Donate to the cause and put together a team of employees to participate, or set up a booth.
4. **Listening to your employees.** Happy employees are more productive. Take the time to listen to what services they would like to conquer substance use disorders and related issues. Ensure confidentiality of their responses and modify your workplace programming based on the results.

For more resources that can help employers and employees, please consult the “Workplace, Labor, and Insurance” section in the “*Recovery Month* Resources” brochure in this planning toolkit, or visit the *Recovery Month* Web site at [www.recoverymonth.gov](http://www.recoverymonth.gov). For additional *Recovery Month* materials, visit [www.recoverymonth.gov](http://www.recoverymonth.gov) or call 1-800-662-HELP.





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